



Massage Establishment Application Chapter 17 of the Chandler City Code

Permit No. _____

Nonrefundable Application Fee: \$50
Initial Permit Fee: Jan-Dec \$100
Apr-Dec \$75
July-Dec \$50
Oct-Dec \$25

Fingerprinting Fee: \$22 Money Order Only – **Made Payable to “DPS”**

Complete application fully. Indicate N/A or No if question does not apply. *Applicants must be at least 18 years of age.

1. Applicant’s full legal name (including middle name):

First Name _____ Middle Name _____ Last Name _____

2. Applicant’s residence address _____ Phone _____

3. Applicant’s Social Security Number _____

Are you a United States Citizen? Yes No If no, are you authorized to work in the United States? Yes No

4. Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

5. Date of Birth _____ Place of Birth (City/State) _____

6. List other names or aliases you have used in the past 5 years _____

7. Applicant’s residence addresses (List two)

Date (from/to)	Address	City/State/Zip

8. Address where applicant desires to do business

Business Entity Name and dba _____ Location Address _____

9. Massage business or professional license/permit history (Last 5 Years):

Entity Issuing License/Permit	Type of License/Permit	Date Issued	Expiration Date

10. Business, Occupation, or Employment History (Last 5 Years). Attach additional sheet if necessary:

From Date _____ Company Name _____ Supervisor Name _____

To Date _____ Address _____

Position _____

From Date _____ Company Name _____ Supervisor Name _____

To Date _____ Address _____

Position _____

From Date _____ Company Name _____ Supervisor Name _____

To Date _____ Address _____

Position _____

From Date _____ Company Name _____ Supervisor Name _____

To Date _____ Address _____

Position _____

11. Have you ever been convicted of a felony or misdemeanor? No Yes If "yes" list below, provide date, location and offense. (excluding minor traffic violations unless alcohol related):

12. Are there any arrests, indictments, or summonses pending against you? No Yes If "yes" list below, provide date, location and offense.

13. Have you ever been fined, posted bond, been ordered to deposit bail, imprisoned, had a sentence suspended, or placed on probation for violation of any law or ordinance? No Yes If "yes" list below, provide date, location, offense and disposition.

14. Have you or any entity in which you have been involved ever had a business or professional license or permit rejected, denied, revoked, suspended, or fined in this or any other state? No Yes If "yes" list below, provide date, location, type of license/permit, and cause for denial/suspension/revocation.

False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a permit.

- Requirements: Any other names by which the applicant has been known during the previous five (5) years.
Two (2) residence addresses immediately prior to the present address of the applicant and the dates at each address.
Written proof that the applicant is at least eighteen (18) years of age.
The business, occupation or employment history of the applicant during the previous five (5) years.

NOTE: Additional requirements must be met prior to a permit being approved. These requirements can be found in code sections 17-3.4 and 17-5.

All applicants must provide a FD258 fingerprints card plus a money order for \$22.00 made payable to DPS along with their application.

I hereby certify that, to the best of my knowledge and belief, the information shown on this application is complete and accurate.

Applicant's Signature: _____ Date: _____

FOR CITY USE ONLY

Approved: _____ Denied: _____ Date: _____ Date record check received: _____

Record check made by: _____ Chief of Police: _____

Comments: _____